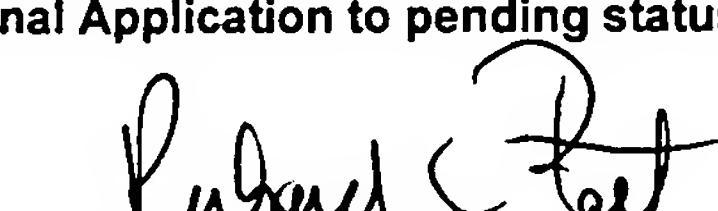
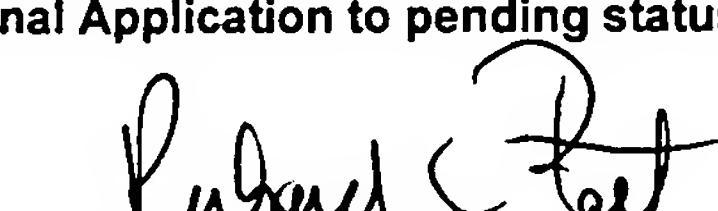
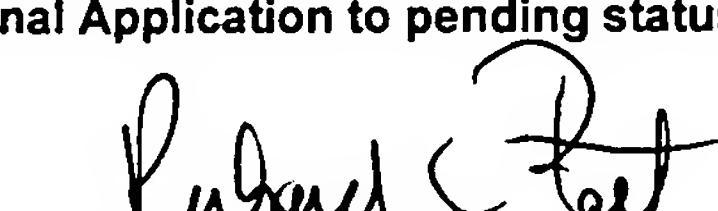


|   |   |   |
|---|---|---|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |   | ATTORNEY'S DOCKET NUMBER<br><b>082671-0228</b>                          |
|   |   | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/537,990</b> |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/IB2003/005802</b>   | INTERNATIONAL FILING DATE<br><b>12/8/2003</b> | PRIORITY DATE CLAIMED<br><b>12/10/2002</b>                              |
| <b>TITLE OF INVENTION</b><br>A FEEDER CART USED TO INTEGRATE FEEDER MECHANISMS AND SURFACE MOUNT MACHINES OF VARYING TYPES  |   |   |
| <b>APPLICANT(S) FOR DO/EO/US</b><br>Michael SWAB  |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |   |
| 1. <input type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.<br>2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.<br>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.<br>4. <input type="checkbox"/> The US has been elected (Article 31).<br>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br><input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br><input type="checkbox"/> has been communicated by the International Bureau.<br><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)<br>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<br><input type="checkbox"/> is attached hereto.<br><input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br><input type="checkbox"/> are attached hereto (required only if not transmitted by the International Bureau).<br><input type="checkbox"/> have been communicated by the International Bureau.<br><input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br><input type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). |   |   |
| <b>Items 11 to 20 below concern other document(s) or information included:</b>  |   |   |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input type="checkbox"/> A preliminary amendment.<br>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A power of attorney and/or change of address letter.<br>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825<br>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).<br>20. <input type="checkbox"/> Other items or information.   |   |   |

|  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|--|--------------|---|---|------------------------|---|-------|---------|--|--|-------|---------|--|----------------------|-------|--|--|--|-------|--|--|---|-------|--|--|----------------------|-------|----------|--|---------------------------------------|--|---------|--|---|--|--|--|--|--------------|--------------|---|------|--|--------------|---------|------------|---------|--|---|--|--|--|--|--------|--|--------------|--------------|------|--------------|--|-------------|------------|---------|--------------------|--|-----------|-------------|---------|---|--|--|-------------|----|--------------------------------------|--|--|--|---------|--|--|--|--|-----------|---------------------------|--|--|--|--|---|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|-----------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| U.S. APPLICATION NO. (If known, see 37 CFR. 1.5)<br>10/537,990   |              | INTERNATIONAL APPLICATION NO.<br>PCT/IB2003/005802                            | ATTORNEY'S DOCKET NUMBER<br>082671-0228 |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <p>The following fees have been submitted:</p> <table border="1"> <tr> <td>21. <input type="checkbox"/> Basic national fee</td> <td>\$300</td> <td>\$ 0.00</td> <td></td> </tr> <tr> <td>22. <input type="checkbox"/> Examination fee<br/>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)</td> <td>\$100</td> <td>\$ 0.00</td> <td></td> </tr> <tr> <td>All other situations</td> <td>\$200</td> <td></td> <td></td> </tr> <tr> <td>23. <input type="checkbox"/> Search fee<br/>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority</td> <td>\$100</td> <td></td> <td></td> </tr> <tr> <td>International Search Report prepared and provided to the Office</td> <td>\$400</td> <td></td> <td></td> </tr> <tr> <td>All other situations</td> <td>\$500</td> <td>\$ 0.000</td> <td></td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE 21, 22 and 23 =</b></td> <td>\$ 0.00</td> <td></td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof.         </td> </tr> <tr> <td>Total Sheets</td> <td>Extra sheets</td> <td>Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td>RATE</td> <td></td> </tr> <tr> <td>24 - 100 = 0</td> <td>/50 = 0</td> <td>x \$250.00</td> <td>\$ 0.00</td> <td></td> </tr> <tr> <td colspan="5">Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))</td> </tr> <tr> <td colspan="2">CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td>RATE</td> </tr> <tr> <td colspan="2">Total Claims</td> <td>23 - 20 = 3</td> <td>x \$ 50.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">Independent Claims</td> <td>3 - 3 = 0</td> <td>x \$ 200.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td></td> <td>+ \$ 360.00</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½.         </td> <td>+ \$ 0.00</td> </tr> <tr> <td colspan="5"><b>SUBTOTAL =</b> \$ 0.00</td> </tr> <tr> <td colspan="5">Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).</td> </tr> <tr> <td colspan="5"><b>TOTAL NATIONAL FEE =</b> \$ 0.00</td> </tr> <tr> <td colspan="5">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property</td> </tr> <tr> <td colspan="5"><b>TOTAL FEES ENCLOSED =</b> \$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td>Amount to be refunded:</td> </tr> <tr> <td colspan="4"></td> <td>charged:</td> </tr> <tr> <td>a. <input type="checkbox"/> A check in the amount of 0.00 to cover the above fees is enclosed.</td> <td colspan="4"></td> </tr> <tr> <td>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of 0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.</td> <td colspan="4"></td> </tr> <tr> <td>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u>. A duplicate copy of this sheet is enclosed.</td> <td colspan="4"></td> </tr> <tr> <td>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</td> <td colspan="4"></td> </tr> <tr> <td colspan="5"> <b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.         </td> </tr> <tr> <td colspan="5">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="5">         Foley &amp; Lardner LLP<br/>         Customer Number: 22428       </td> </tr> <tr> <td colspan="5"> <br/>         SIGNATURE<br/> <u>Richard C. Peet</u><br/>         NAME<br/> <u>35,792</u><br/>         REGISTRATION NUMBER       </td> </tr> </table> |              |   |   |                        | 21. <input type="checkbox"/> Basic national fee | \$300 | \$ 0.00 |  | 22. <input type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) | \$100 | \$ 0.00 |  | All other situations | \$200 |  |  | 23. <input type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority | \$100 |  |  | International Search Report prepared and provided to the Office | \$400 |  |  | All other situations | \$500 | \$ 0.000 |  | <b>TOTAL OF ABOVE 21, 22 and 23 =</b> |  | \$ 0.00 |  | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof. |  |  |  |  | Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE |  | 24 - 100 = 0 | /50 = 0 | x \$250.00 | \$ 0.00 |  | Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)) |  |  |  |  | CLAIMS |  | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims |  | 23 - 20 = 3 | x \$ 50.00 | \$ 0.00 | Independent Claims |  | 3 - 3 = 0 | x \$ 200.00 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$ 360.00 | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 0.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½. |  |  |  | + \$ 0.00 | <b>SUBTOTAL =</b> \$ 0.00 |  |  |  |  | Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)). |  |  |  |  | <b>TOTAL NATIONAL FEE =</b> \$ 0.00 |  |  |  |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property |  |  |  |  | <b>TOTAL FEES ENCLOSED =</b> \$ 0.00 |  |  |  |  |  |  |  |  | Amount to be refunded: |  |  |  |  | charged: | a. <input type="checkbox"/> A check in the amount of 0.00 to cover the above fees is enclosed. |  |  |  |  | b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of 0.00 to cover the above fees. 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| All other situations   | \$200        |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
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| International Search Report prepared and provided to the Office  | \$400        |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| All other situations   | \$500        | \$ 0.000  |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF ABOVE 21, 22 and 23 =</b>  |              | \$ 0.00   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof.  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Total Sheets   | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                    |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 24 - 100 = 0   | /50 = 0      | x \$250.00  | \$ 0.00                                 |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| CLAIMS   |              | NUMBER FILED  | NUMBER EXTRA                            | RATE                   |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Total Claims   |              | 23 - 20 = 3   | x \$ 50.00                              | \$ 0.00                |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Independent Claims   |              | 3 - 3 = 0   | x \$ 200.00                             | \$ 0.00                |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |              |   | + \$ 360.00                             | \$                     |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |   |   | \$ 0.00                |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½.   |              |   |   | + \$ 0.00              |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL =</b> \$ 0.00  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE =</b> \$ 0.00  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b> \$ 0.00   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |              |   |   | Amount to be refunded: |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |              |   |   | charged:               |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| a. <input type="checkbox"/> A check in the amount of 0.00 to cover the above fees is enclosed.   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of 0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u> . A duplicate copy of this sheet is enclosed.  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Foley & Lardner LLP<br>Customer Number: 22428  |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br><u>Richard C. Peet</u><br>NAME<br><u>35,792</u><br>REGISTRATION NUMBER   |              |   |   |                        |   |       |         |  |  |       |         |  |                      |       |  |  |  |       |  |  |   |       |  |  |                      |       |          |  |                                       |  |         |  |   |  |  |  |  |              |              |   |      |  |              |         |            |         |  |   |  |  |  |  |        |  |              |              |      |              |  |             |            |         |                    |  |           |             |         |   |  |  |             |    |                                      |  |  |  |         |  |  |  |  |           |                           |  |  |  |  |   |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |  |  |  |  |  |



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|--|-----------------------|------------------|
| U.S. APPLICATION NUMBER NO.  | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
| 10/537,990   | Michael Swab          | 082671-0228      |
| INTERNATIONAL APPLICATION NO.  |                       |                  |
| PCT/IB03/05802   |                       |                  |
| I.A. FILING DATE   | PRIORITY DATE         |                  |
| 12/08/2003   | 12/10/2002            |                  |
| CONFIRMATION NO. 1372  |                       |                  |
| 371 FORMALITIES LETTER   |                       |                  |
| <br>*OC000000017840589* |                       |                  |

Date Mailed: 01/17/2006

**NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 06/09/2005
- Copy of the International Search Report filed on 06/09/2005
- Preliminary Amendments filed on 06/09/2005
- Information Disclosure Statements filed on 06/09/2005
- U.S. Basic National Fees filed on 06/09/2005
- Priority Documents filed on 06/09/2005

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

DEBORAH D WILLIAMS

Telephone: (703) 308-9140 EXT 205

PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/537,990                  | PCT/IB03/05802                | 082671-0228      |

FORM PCT/DO/EO/905 (371 Formalities Notice)